

State of Delaware Group Health Insurance Plan
COBRA Rates Effective 7/1/2019 (includes 2% administration fee)

Health Plan	Coverage Type	Monthly Premium
Highmark Delaware First State Basic Plan	Individual Only	\$709.27
	Individual + Spouse	\$1,467.45
	Individual + Child(ren)	\$1,078.16
	Family	\$1,834.39
Highmark Delaware Comprehensive PPO Plan	Individual Only	\$809.74
	Individual + Spouse	\$1,680.29
	Individual + Child(ren)	\$1,247.93
	Family	\$2,100.59
Aetna CDH Gold Plan	Individual Only	\$734.07
	Individual + Spouse	\$1,522.06
	Individual + Child(ren)	\$1,121.55
	Family	\$1,933.65
Aetna HMO Plan	Individual Only	\$740.46
	Individual + Spouse	\$1,561.19
	Individual + Child(ren)	\$1,132.73
	Family	\$1,948.02
Delta Dental PPO Plus Premier Plan	Individual Only	\$38.39
	Individual + Spouse	\$78.36
	Individual + Child(ren)	\$76.91
	Family	\$128.36
Dominion National HMO Select Dental Plan	Individual Only	\$26.13
	Individual + Spouse	\$48.61
	Individual + Child(ren)	\$52.39
	Family	\$71.16
EyeMed Vision Care Plan	Individual Only	\$6.59
	Individual + Spouse	\$10.40
	Individual + Child(ren)	\$10.61
	Family	\$17.12
Highmark Delaware - Medicare Supplement (Special Medicfill) w/rx	Individual Only	\$468.57
Highmark Delaware - Medicare Supplement (Special Medicfill) wo/rx	Individual Only	\$265.65

